



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 120495	NAME OF AGENCY TANEY COUNTY SHERIFF OFFICE	DATE OF INSPECTION 09/12/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 266 MAIN ST FORSYTH MISSOURI 65653		TIME OF INSPECTION 1759

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG407603</u> EXP. DATE <u>03/16/2026</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN _____ SIM. NIST EXP DATE _____

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➔ 0.102	TEST 2 ➔ 0.101	TEST 3 ➔ 0.101
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RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14) 1	(.15-.19)	(OVER .19) 1
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER	
SIGNATURE #127	PRINT NAME Mark Shinn
TYPE II PERMIT NUMBER/EXPIRATION DATE Permit Number 20126 Expiration 05/29/2026	TELEPHONE NUMBER (417) 546-7200

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

Temp Date Time 9/21OL

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00058

Temp Date Time 9/21OL

Air Blank:
09/12/24 17:59 .000
Calibration Check:
26 09/12/24 17:59 .102

Subject Name

Test
Subject I.D.
Test 1

Operator Name, I.D.

Shinn 127

Location

Sherriff office

266 Main St

tonsyth

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00059

Temp Date Time 9/21OL

Air Blank:
09/12/24 18:00 .000
Calibration Check:
26 09/12/24 18:00 .101

Subject Name

Test
Subject I.D.
Test

Operator Name, I.D.

Sherriff 127

Location

Sherriff office

266 Main St

tonsyth

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00060

Temp Date Time 9/21OL

Air Blank:
09/12/24 18:02 .000
Calibration Check:
27 09/12/24 18:02 .101

Subject Name

Test
Subject I.D.
Test 3

Operator Name, I.D.

Sherriff 127

Location

Sherriff office

266 Main St

tonsyth

AS IV Serial no: 120495
Version no: 532C

Last Calibration:
05/14/24 09:38 .097

Test Results:
00045 Calibration Check:
27 08/10/24 18:33 .101
00.0 Lit. 00.0 Sec.
00046 VOID: SET PUSH
8 08/10/24 18:35
00.0 Lit. 00.0 Sec.
00047 Calibration Check:
27 08/10/24 18:36 .101
00.0 Lit. 00.0 Sec.
00048 Calibration Check:
27 08/10/24 18:38 .100
00.0 Lit. 00.0 Sec.
00049 Calibration Check:
27 08/10/24 18:42 .000
00.0 Lit. 00.0 Sec.
00050 Calibration Check:
27 08/10/24 18:43 .000
00.0 Lit. 00.0 Sec.
00051 VOID: RFI
12 08/10/24 18:44
00.0 Lit. 00.0 Sec.
00052 VOID: INSF SAMP
6 08/27/24 17:18
00.0 Lit. 00.0 Sec.
00053 Subject Test: Auto
27 08/27/24 17:22 .299
01.5 Lit. 03.0 Sec.
00054 Subject Test: Auto
34 09/02/24 20:24 .102
01.5 Lit. 02.6 Sec.
00055 VOID: TIME OUT
5 09/12/24 17:48
00.0 Lit. 00.0 Sec.

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00061

Temp Date Time 9/21OL

VOID: RFI
12 09/12/24 18:03

Subject Name

RFI

Subject I.D.

RFI Test

Operator Name, I.D.

Shinn 127

Location

266 Main St

tonsyth



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Test Date: 18-Mar-2024

Lot # AG407603 **Model** 108


Exp Date 16-Mar-2026	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Approved for Release: 

 Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
MARK SHINN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/29/2024

NUMBER 240126

EXPIRES 5/29/2026

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator SHINN, MARK
Permit No 240126
Date Issued 5/29/2024 **Date Expires** 5/29/2026